Name of Student (Last, First): _____   _____

SECONDARY TRANSITION STUDENT (AGES 16-21)
IEP FILE REVIEW CHECKLIST

Updated 8/2018

		Item	Yes	No	NA
1		**IEP includes appropriate measurable Postsecondary Goals covering education, training, and employment/career and as needed independent living**. All students must have <u>two</u> and may have up to <u>four</u> postsecondary goals.			■
Reviewer Comments 1.:					
2.		**Postsecondary Goals are reviewed and updated annually as needed.**			■
Reviewer Comments 2.:					
3.		**Postsecondary Goals are developed based on information gathered through age appropriate assessment in transition including a functional vocational evaluation if needed.**			■
Reviewer Comments 3.:					
4.		**Are there Transition Activities (Services) in the IEP that will reasonably enable the student to meet his or her identified Postsecondary Goals:** (Please see criteria checklist below) You must include activities in any and all area(s) that will support the student to achieve their postsecondary goals. You must include a service in education, training, employment/career, and community participation. If the student is receiving related service, the student must have a transition activity provided by the related service provider.			■
		Transition Services (activities) provided in the areas of: ☐ **Postsecondary Education and Training** ☐ **Employment/Career** ☐ **Community Participation** ☐ or ☐ N/A **Independent Living** (can be marked as N/A still be compliant.) ☐ or ☐ N/A **Adult Services** (can be marked as N/A and still be compliant.)			
Reviewer Comments 4.:					
5.		**IEP includes a Course of Study (embedded or attached) to reach their Postsecondary Goals.**			■
Reviewer Comments 5.:					
6.		**IEP annual goals assist the student to reach their identified Postsecondary Goals.**			■
Reviewer Comments 6.:					
7.		**Student was invited to the IEP meeting as evidence by an invitation addressed to the student or documentation of verbal invitation dated prior to the date of the meeting.**			■
Reviewer Comments 7.:					
8.		**Evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.**			■
Reviewer Comments 8.:					

Item	Yes	No	NA
9. **IEP includes PLOP for Postsecondary Goals and transition activities.**			■
Reviewer Comments 9.:			